

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9224

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3028 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		d. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) GENEVIEVE c. (Last) UMMEL				4. DATE OF DEATH (Month) (Day) (Year) March 5, 1950				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* never married		8. DATE OF BIRTH Jan 9, 1926		
9. AGE (In years last birthday) 24		10. MONTHS 1		11. DAYS 26		12. IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) graduate student			10b. KIND OF BUSINESS OR INDUSTRY University of Wisc.			11. BIRTHPLACE (State or foreign country) Jasper, County, Mo.		
13a. FATHER'S NAME Lou Ummel			13b. MOTHER'S MAIDEN NAME Leota Kissinger			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lou Ummel, Rte 1, Carthage, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute glomerulonephritis ANTECEDENT CAUSES Acute streptococcus tonsillitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) / DUE TO (c) /					INTERVAL BETWEEN ONSET AND DEATH 10 weeks 13 weeks 0.51X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Dec. 24, 1949, to March 5, 1950, that I last saw the deceased alive on March 5, 1950, and that death occurred at 2:40 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Charles F. Schell, M.D. (Degree or title)				23b. ADDRESS 201 W. 3rd, Carthage, Mo.		23c. DATE SIGNED 3/6/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 8, 1950		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Mo.		
DATE REC'D BY LOCAL REG. 3-7-1950		REGISTRAR'S SIGNATURE L. B. Clinton, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knoll Mortuary, Carthage, Mo.				

(Required Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-13-50  
Jasper County Health Office

County File Number 50-3-162  
Date Filed 3-20-50

AUG 9 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.